

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 261-7083
Phone #: (608) 266-2112

Ship To: 1400 E. Washington Avenue
Madison, WI 53703
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

INFORMATION FOR APPLICATION FOR SIGN LANGUAGE INTERPRETER (RESTRICTED) LICENSE

THE FOLLOWING ITEMS ARE REQUIRED FOR PROCESSING APPLICATIONS:

Method 1:

An **Associate or higher degree in Sign Language Interpretation** or has received a certificate of completion of an education and training program regarding such interpretation and evidence of all of the following:

- Applicant is verified by the Wisconsin Interpreting and Transliterating Assessment (WITA) at Level 2 or higher in both interpreting and transliterating (**Form #2930**).
- Applicant has passed the written examination administered by the Registry of Interpreters for the Deaf, Inc. or its successor (**Form #2926**).
- Applicant is an associate or student member of the Registry of Interpreters for the Deaf, Inc. or its successor.

Method 2:

- Applicant has been diagnosed by a Physician as deaf or hard of hearing.
- Applicant has completed 8 hours of training sponsored by the Registry of Interpreters for the Deaf, Inc. (RID), or its successor on the role and function of Deaf Interpreters.
- Applicant has completed 8 hours of training sponsored by RID or its successor on professional ethics.
- Applicant has obtained letters of recommendation from at least three (3) individuals who have held national certification for at least five (5) years, and who are members in good standing of RID or its successor, if the letters together document that the applicant has completed at least 40-hours of mentoring, including at least 20-hours of observing professional work and at least 10-hours observing Certified Deaf Interpreters (**Form #2931**).
- Applicant has completed at least 40-hours of training consisting of workshops sponsored by RID or its successor or other relevant courses.
- Applicant is an associate or student member of RID or its successor.
- Applicant has a high school diploma or an equivalent.

Note: Individuals licensed under this Restricted License category may only practice under the supervision of an Interpreter licensed in Wisconsin under a renewable license category.

Please check the status of your application at <http://dsps.wi.gov> under “Applicant Information” before contacting the Department.

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APPLICATION FOR SIGN LANGUAGE INTERPRETER (RESTRICTED) LICENSE

Under Wisconsin law, the Department must deny your application if you are liable for delinquent State Taxes or Child Support (Wis. Stats. § 440.12).

PLEASE TYPE OR PRINT IN INK

☐

Your name and address are available to the public. Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14).

Last Name

First Name

MI

Former / Maiden Name(s)

Address (street, city, state, zip)

Daytime Telephone Number

Mailing Address (if different)

Date of Birth

Social Security #

Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.

Ethnicity/gender status information is optional.

Ethnicity:

☐ White, not of Hispanic origin
☐ Black, not of Hispanic origin

☐ American Indian or Alaskan
☐ Asian or Pacific Islander

☐ Hispanic
☐ Other

Sex:

☐ M ☐ F

Email Address

Method applying by: (choose one)

- ☐ Method 1: An Associate or higher degree in Sign Language Interpretation or has received a certificate of completion of an education and training program regarding such interpretation and evidence of all required items listed on page i.
- ☐ Method 2: Satisfactory evidence of all required items listed on page i.

Have you ever been licensed in Wisconsin as a Sign Language Interpreter?

☐ Yes ☐ No

If yes, list your credential number:

APPLICATION FEES: Please check applicable box. Make check payable to DSPPS and attach to this application.

- ☐ I am seeking a Veteran Fee Waiver (for Initial Credential Fee only, see page 2 for further information)
- ☐ Initial Credential Fee (Sign Language Interpreter –Restricted)
\$75.00 Total Fee Attached

For Receipting Use Only (151)

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APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

Method 1:

- Application (**Form #2924**) and appropriate fee
- Satisfactory evidence of all of the following:
 - The applicant has received an Associate degree in Sign Language Interpretation or has received a certificate of completion of an education and training program regarding such interpretation. (**Form #2928**)
 - The applicant is verified by the Wisconsin Interpreting and Transliterating Assessment (WITA) at Level 2 or higher in both interpreting and transliterating (**Form #2930**).
 - The applicant has passed the written examination administered by the Registry of Interpreters for the Deaf, Inc. (RID) or its successor (**Form #2926**).
 - The applicant is an associate or student member of the Registry of Interpreters for the Deaf, Inc. (RID) or its successor (**Form #2926**).
- Letters from all State Boards where licensed, active and inactive
- Convictions and Pending Charges (**Form #2252**), if applicable
- Is name on all credentials the same? If not, submit certified copy of marriage certificate, divorce decree, etc.

Method 2:

- Application (**Form #2924**) and appropriate fee
- Letter from Physician diagnosing the applicant as deaf or hard of hearing.
- Evidence of completion of 8 hours of training sponsored by RID or its successor on the role and function of Deaf Interpreters.
- Evidence of completion of 8 hours of training sponsored by RID or its successor on professional ethics.
- Letters of recommendation from at least three (3) individuals who have held national certification for at least five (5) years, and who are members in good standing of RID or its successor, providing evidence that applicant has completed at least 40-hours of mentoring including at least 20-hours of observing professional work and at last 10-hours observing Certified Deaf Interpreters. (**Form #2931**)
- Evidence of completion of at least 40-hours of training consisting of workshops sponsored by RID or its successor or other relevant courses.
- Evidence that applicant is an associate or student member of RID or its successor (**Form #2926**).
- Evidence of a high school diploma or an equivalent.
- Identification and license number of applicant's supervising licensed Interpreter.
- Letters from all State Boards where licensed, active and inactive
- Convictions and Pending Charges (**Form #2252**), if applicable
- Is name on all credentials the same? If not, submit certified copy of marriage certificate, divorce decree, etc.

ARE YOU A VETERAN? If yes, please view the Department website at <http://dsps.wi.gov> under "License, Permits, and Registrations" and select "Military Benefits Related to Licensure for Eligible Veterans Services Members and Spouses" for eligibility requirements.

If you qualify, are you requesting a waiver of your initial credentialing fee? ☐ Yes ☐ No

If Yes, provide a copy of your Department of Veterans Affairs voucher code and list your DVA Voucher Code Number:

If you qualify, are you requesting equivalency of your Military Training and experience? ☐ Yes ☐ No

If Yes, complete and return the Veteran Request Application Addendum (**Form #2996**). This form must be included with this application.

If you qualify, are you requesting Temporary Spousal Reciprocal License? ☐ Yes ☐ No

If Yes, do not complete this form. You must complete and return the Application for Temporary Spousal Reciprocal License (**Form #2982**).

You may contact the DVA at 1-800-WisVets or www.WISVET.com for assistance in obtaining your DVA Voucher Code and/or documents related to your training.

CONTINUING EDUCATION AND RENEWAL REQUIREMENTS: Please view the Department website at <http://dsps.wi.gov> and select the "Professional Credential Renewal Information."

COMPLETE THIS SECTION IF YOU ARE APPLYING BY METHOD 1: List educational institution from which you have received a degree in sign language interpretation or the institution or provider from which you received a certificate of completion of an education and training program regarding sign language interpretation.

Name of School/Education Provider	Did you receive a Diploma, a Degree, or a Certificate of Completion?	Dates Attended (Month/Year)	Date of Graduation/Completion
<input type="text"/>	<input type="text"/>	(From) <input type="text"/> / <input type="text"/> (To) <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="text"/>	(From) <input type="text"/> / <input type="text"/> (To) <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

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COMPLETE THIS SECTION IF YOU ARE APPLYING BY METHOD 2: List high school from which you have received a degree or other relevant education that satisfies the high school diploma equivalency requirement.

Name of School	Diploma or Degree Received	Dates Attended (Month/Year)	Date of Graduation/Completion
		(From) <input type="text"/> / <input type="text"/> (To) <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
		(From) <input type="text"/> / <input type="text"/> (To) <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
		(From) <input type="text"/> / <input type="text"/> (To) <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

List below all training workshops sponsored by RID or its successor and/or other relevant courses satisfactorily completed. You must provide a copy of any certificates of completion or attendance for each course listed below. (attach additional sheets if necessary)

All applicants must have completed at least 40-hours of training consisting of workshops sponsored by the Registry of Interpreters for the Deaf, Inc. (RID) or its successor, or other relevant courses.

Name of School/Sponsoring Organization	Course Name	Dates Attended (Month/Year)	Number of Hours Attended	Certificate Received (if applicable)
		(From) <input type="text"/> / <input type="text"/> (To) <input type="text"/> / <input type="text"/>	<input type="text"/>	
		(From) <input type="text"/> / <input type="text"/> (To) <input type="text"/> / <input type="text"/>	<input type="text"/>	
		(From) <input type="text"/> / <input type="text"/> (To) <input type="text"/> / <input type="text"/>	<input type="text"/>	
		(From) <input type="text"/> / <input type="text"/> (To) <input type="text"/> / <input type="text"/>	<input type="text"/>	

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List below all training workshops sponsored by RID or its successor on the role and function of Deaf Interpreters.

Name of School/Sponsoring Organization	Course Name	Dates Attended (Month/Year)	Number of Hours Attended	Certificate Received (if applicable)
<div></div>	<div></div>	(From) <div></div> / <div></div> (To) <div></div> / <div></div>	<div></div>	<div></div>
<div></div>	<div></div>	(From) <div></div> / <div></div> (To) <div></div> / <div></div>	<div></div>	<div></div>
<div></div>	<div></div>	(From) <div></div> / <div></div> (To) <div></div> / <div></div>	<div></div>	<div></div>
<div></div>	<div></div>	(From) <div></div> / <div></div> (To) <div></div> / <div></div>	<div></div>	<div></div>

List below all training workshops sponsored by RID or its successor on professional ethics.

Name of School/Sponsoring Organization	Course Name	Dates Attended (Month/Year)	Number of Hours Attended	Certificate Received (if applicable)
<div></div>	<div></div>	(From) <div></div> / <div></div> (To) <div></div> / <div></div>	<div></div>	<div></div>
<div></div>	<div></div>	(From) <div></div> / <div></div> (To) <div></div> / <div></div>	<div></div>	<div></div>
<div></div>	<div></div>	(From) <div></div> / <div></div> (To) <div></div> / <div></div>	<div></div>	<div></div>
<div></div>	<div></div>	(From) <div></div> / <div></div> (To) <div></div> / <div></div>	<div></div>	<div></div>

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List below three (3) or more individuals who have held national certification for at least five (5) years and who are members in good standing of RID or its successor who will be providing letters of recommendation for the applicant. Individuals providing recommendations for applicant will need to complete Form #2931.

Name of Individuals Providing Recommendation: (must list at least 3)

Identify below the licensed Interpreter(s) who hold a renewable license in Wisconsin who will be supervising the applicant. You must provide the name and license number for each Interpreter who may act as your supervisor.

Name of Supervisor:

WI Interpreter License Number:

		- 150
		- 150
		- 150

ALL APPLICANTS ANSWER THE FOLLOWING QUESTIONS

Have you ever been credentialed under any other name(s)? **If yes, state name(s) credentialed under:**

☐ Yes ☐ No

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CERTIFICATION OF LEGAL STATUS:

I declare under penalty of law that I am (check one):

- ☐ A citizen or national of the United States, or
- ☐ A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. Seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Signature:

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 Date:

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